2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # P02000091100 1. Entity Name A+ ASSOCIATED THERAPY PROFESSIONALS, INC.					01-10-2005 90026 035 ***150.00				
Principal Place of Business Mailing Address					400000000				
4001 VIRGINIA AVE. 4001 VIRGINIA AVE.						`	•		
SUITE A SUITE A Fort Pierce, Fl. 34981 US Fort Pierce, Fl. 3498			31 U	21					
TORT TERRESTE STOOT									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State		<u>.</u> .	4. FEI Number 22-3866	552		No	plied For t Applicable
Zip	Country	Zip	Cour	ntry	l	f Status Desired	<u> Г</u>	\$8.75 Add ee Required	
	6. Name and Address of Current		Name	7. Name and Address of New Registered Agent					
TULLIS, TISHUNDA J				Name					
1817 S 26TH STREET FT PIERCE, FL 34947				Street Address (P.O. Box Number is Not Acceptable)					
,									
				City	FL Zip Code				
	named entity submits this statement a ions of registered agent. Signature, typed or printed name of registered agen		-	red office or registe	_	, in the State of Flo	orida. I am fa	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					.00 May Be ded to Fees				,
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME	_	PD Delete Tift							
STREET ADDRESS				r 1				☐ Change	Addition
CITY-ST-ZIP	1 101/ SU 2017 STREET		NAA STR	AE EET ADDRESS				Change	Addition
1	FT PIERCE, FL 34947		STR	_				Change	Addition
THLE		☐ Delete	STR	EET ADDRESS Y-ST-ZIP				☐ Change	Addition Addition
NAME	FT PIERCE, FL 34947 VD HANDY, CHERYL	☐ Delete	STR CITY TITU NAM	EET ADDRESS Y-ST-ZIP E			·		
NAME STREET ADDRESS	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete	STR CITY TITL NAA STR	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE, FL 34947 VD HANDY, CHERYL		STR CITY TITU NAM STR CITY	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete	STR CITY TITL NAA STR	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E				☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE		STR CITY TITU NAA STR CITY TITU NAA STR	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	Delete	STR CITY TITU NAA STR CITY TITU NAA STR	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E AE				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE		STR CITY NAM STR CITY NAM STR CITY	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	Delete	STR CITY NAM STR CITY NAM STR CITY NAM STR TITL NAM STR TITL NAM	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS Y-ST-ZIP .E EET ADDRESS				☐ Change	Addition Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	Delete	STR CITY NAM STR CITY NAM STR CITY NAM STR CITY NAM STR CITY TITL NAM STR	EET ADDRESS Y-ST-ZIP .E AE AE AE AE AE AE AE AE AE				☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	Delete	STR CITY NAM STR CITY NAM STR CITY NAM STR CITY NAM STR CITY TITL NAM STR	EET ADDRESS Y-ST-ZIP .E AE AE EET ADDRESS Y-ST-ZIP				☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete	STR CITY NAM STR CITY TITL NAM STR CITY TITL NAM STR CITY TITL NAM STR CITY TITL NAM STR CITY	EET ADDRESS Y-ST-ZIP .E AE ME EET ADDRESS Y-ST-ZIP .E ME ME ME				☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete	STR CITY NAM STR CITY TITL NAM STR	EET ADDRESS Y-ST-ZIP .E AE EET ADDRESS HEET ADDRESS HEET ADDRESS				☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete ☐ Delete ☐ Delete	STR CITY NAM STR CITY TITL NAM STR CITY	EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP LE AE EET ADDRESS Y-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP LE ME ME EET ADDRESS Y-ST-ZIP				Change Change Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete	STR CITY NAM STR CITY TITL NAM STR CITY	EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP LE				☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete ☐ Delete ☐ Delete	STR CITY NAM STR CITY TITL NAM STR CITY NAM STR CITY NAM STR	EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP LE				Change Change Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT PIERCE, FL 34947 VD HANDY, CHERYL 1809 SW DRIVE	☐ Delete ☐ Delete ☐ Delete	STR CITY TITLE NAME STR CITY	EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP LE AE ME				Change Change Change	Addition Addition Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyed do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

D NAME OF SIGNING OFFICER OR DIRECTOR DIVING OFFICER OR DIRECTOR

772462.66 36

Daytime Phone #